PTO/SB/08 (12-04)

Approved for use through 7/81/2008. Old 9 0651-022

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Under the Pepetwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application of Docket Number Substitute for Form PTO-876 APPLICATION AS FILED - PART I OTHER THAN (Column 1) (Cotumn 2) SMALL ENTITY **OR** SMALL ENTITY FOR. NUMBER FILED HUMBER EXTRA RATE (#) FEE (\$) RATE (\$) BASIC FEE FEE(\$) (87 OFR 1.18(a), (b), or (c)) SEARCH FEE (37 CFR 1.(864, f), or (m)) EXAMINATION FEE (87 OFR £16(0), (p), or (q)) TOTAL OLAIMS x 25. (87 CFR 1.16(1) ardress 20 = x 🖘 OR INDEPENDENT CLAIMS (37 CFR 1.16(N)) £ x /08 e Baurim x200. If the specification and drawings exceed 100 APPLICATION SIZE sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each (57 CFR 1.16(a)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR-1.18(1)) 180 360 If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II OTHER THAN SMALL ENTITY (Cölumn 1) (Column 2) OR (Column 3) SMALL ENTITY HIGHEST PRESENT REMAINING NUMBER RATE (\$) ADDE RATE (\$) ADDI AFTER PREVIOUSLY EXTRA TIONAL FEE (\$) TIONAL MENDMENT PAID FOR FEF (\$) Total Minus 50 OR Minus ď OLOQ. ٠,٠ OR Application Size Fee (37 CFR 1.16(e)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (87 CFR 1.160) 0 Ŀ OR TOTAL ADD'T FEF OR. ADD'L FEE (Cotumn 1) (Cotumn 2) CLAUMS HIGHEST NUMBER REMAINING PRESENT RATE (\$) ADDI-RATE (\$) AFTER ADDI-EXTRA TIONAL AMENDMENT TIONAL PAID FOR FEE (\$) FEE (\$) Œ Total (27 OFR LIGHT) Minus 3 ENDM × OR Migues (27 OFR 1.160-B) ·x OR Application Size Fee (37 CFR 1,16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(1)) OR TOTAL TOTAL OR ADD'L FEE ADD'L FEE

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Peid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Peid For" (Total or independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the including case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN · (Column 1) (Column 2) TYPE [OR SMALL ENTITY **TOTAL CLAIMS** RATE FEE RATE FEE FOR NUMBER FILED BASIC FEE NUMBER EXTRA BASIC FEE OR TOTAL CHARGEABLE CLAIMS minus 20= OR INDEPENDENT CLAIMS minus 3 = MULTIPLE DEPENDENT CLAIM PRESENT OR OR * If the difference in column 1 is less than zero, enter "0" in column 2 " TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN (Column 1) SMALL ENTITY (Column 2) (Column 3) OR SMALL ENTITY CLAIMS HIGHEST J. 50 REMAINING ADDI-NUMBER PRESENT ADDI-AFTER RATE TIONAL PREVIOUSLY: **EXTRA** RATE TIONAL AMENDMENT PAID FOR FEE Total Minus OR Independent Minus FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR OR TOTAL TOTAL OR ADDIT, FEE ADDIT, FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST 8 REMAINING NUMBER ADDI-PRESENT ENT ADDI-**AFTER** PREVIOUSLY RATE TIONAL **EXTRA** RATE TIONAL AMENDMENT. PAID FOR FEE FEE Total . Minus AMEN OR Independent Minus FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR OR TOTAL TOTAL ÖR ADDIT, FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST AMENDMENT C REMAINING NUMBER ADDI-PRESENT ADDI-**AFTER PREVIOUSLY EXTRA** RATE TIONAL RATE AMENDMENT TIONAL PAID FOR FEE FEE Total Minus λ. OR Independent Minus FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR If the entry in column 1 is less than the entry in column 2, write "0" in column 3. OR ** If the "Highest Number Previously Paid For" IN THIS SPACE is tess than 20, enter "20." TOTAL TOTAL ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT, FEE ADDIT. FEE The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.